

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Prosser
Township Acadied
City Acadied (No. _____)

Registration District No. 391
Primary Registration District No. 5546a

File No. 13124
Registered No. 20
St. _____ Ward _____

2. FULL NAME

John Luther Allen
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Shirley Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 4 - 1968

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 2 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Shannon Co Mo

10. NAME OF FATHER

Jasper Allen

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER

Jane Black

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ill

14.

INFORMANT Shirley Allen
(Address) Acadied

15.

FILED 4/18 28 Robert O. Rash
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/17 1928

17. I HEREBY CERTIFY That I attended deceased from 4/3 1928, to 4/17 1928 that I last saw her alive on 4/3 1928, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

arterial aneurysm
ABO (duration) _____ yrs. _____ mos. _____ da.
CONTRIBUTORY (SECONDARY) valvular heart
lesion (duration) 1 yrs. 1 mos. 4 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? clinical(Signed) H. Duckworth, M. D.4/17, 1928 (Address) Acadied Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Middlebrook 4-18 1928

20. UNDERTAKER

ADDRESS

Herman White & Son Grouton

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FADING INK—THIS IS A PERMANENT RECORD

